

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number			PERSONAL PROPERTY.	Report Filed By Candidate (Mark X)			Committee				
Name of Filing Committee, Candidate or Lobbyist			COMMITTEE TO ELECT JIM WINARSKI (CITY COUNCIL)								
Street Address			114	1140 E 31ST ST							
City	ERIE				State	PA		Zip Code	16504		
Type of Report ((Place x under	report type)		A STATE OF THE STA		2000					
1-6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary		th Tuesday Election	5- 2 nd Frida Pre- Electi		Day Post on	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election	
Date Of Election (MM/DD/YYYY)		11/7/2017	Yea	ir	2017	Amen Repor	dment t		Termination Report		
Summary of Rec	ceipts and	From Date		To Dat	e			For	Office Use Only		
Expenditures		10/24/2017	,	1	1/27/2017						
A. Amount Brou	ight Forward	From Last Repor	rt	\$	966.28						
B. Total Moneta	ary Contribution	ons and Receipts	s	\$	1861.00	1				_,	
(From Schedule			1 34	\$	1001.00	-			S S	2017	
(Sum of Lines A	and B)				2827.28	_				3	
D. Total Expend				\$	2288.16						
(From Schedule III) E. Ending Cash Balance				\$	539.12	<u> </u>					
(Subtract Line D F. Value of In-Ki		ons Received		\$	333.12	-					
(From Schedule	II)					_					
G. Unpaid Debts (From Schedule		ons		\$			26				
A CONTRACTOR OF THE CONTRACTOR				THE PERSON NAMED IN	Affidavil						
Part 1- If this is a C	Committee repo	rt, treasurer sign h	here. I	this is a Ca	ndidate repor	, candidate	sign here.	dge and helief t	true, correct and comp	lete	
Sworn to and subs			acneo	scriedules d	in paper, is to		iy kilomet	1 /	ade, correct and comp		
day of	Nocemi	W 20 M	_	* 1		10	W.	ac H	CLY COMMO	NWEALTH OF PENNSYLVANIA	
2/1/10	10	Unto	v)	<u> </u> -		THERESA H	Signature UMES	of Person Subr		NOTARIAL SEAL	
- gruce	Signature	WWW.						Printed Nan	ii.C.	AURIE A WATSON Notary Public	
My Commission e	xpires 2 ~	2-19 DAY YR				Area Code	2		-7428 My Comm ytime Telephone Num	OF ERIE, ERIE COUNTY	
Part II- If this is a r	report of a Cand	idate's Authorized	Com	mittee, can	didate shall sig	n here.					
I swear (or affirm) amended.	that to the bes	of my knowledge	and b	elief this po	litical commit	ee has not v	iolated an	y provisions of	the Act of June 3, 1937	7 (P.L. 1333, NO.320) as	
Sworn to and subscribed before me this (A) day of December 20 1 Signature of Candidate JAMES F. WINARSKI											
Signature COMMONWEALTH OF PENNSYLVANIA											
My Commission e	xpires 7 — MO:	DAY YR.				Area Cod		806-7 Day	rtime Telephone Numb	NOTARIAL SEAL LAURIE A WATSON Notary Public	
									CITY My Com	OF THE ERIE COUNTY	
									AND THE PERSON AND TH	THE STREET PROBLEM CONTRACTOR STREET	

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	COMMITTEE TO ELECT JIM WINARSKI (CITY COUNCIL)

Total for the reporting period	(1)	\$ 1361.00	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$ 100.00	
All Other Contributions (Part B)		\$ 400.00	
Total for the reporting period	(2)	\$ 500.00	
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)	CALLY DE C	\$	WITE VERTICAL PROPERTY OF THE
All Other Contributions (Part D)		\$	
Total for the reporting period	(3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	
Total Monetary Contributions and Receipts during this reporting period (Add and		\$	

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number

		COMMIT	IEE TO ELECT JIM V	VINARSKI (CITY COUN	CIL)		
							Amount
Full Name Committe	e of Contributi ee	The state of the s	1 SENNETT			Date [MM/DD/YYYY] 10/24/2017	\$ 100.
House #	120	Street Address	W 10TH ST			Date [MM/DD/YYYY]	\$
City	RIE		State PA	Zip Code	16501	Date [MM/DD/YYYY]	\$
Full Name Committe	e of Contributi se	ng				Date [MM/DD/YYYY]	\$
House #		Street Address				Date [MM/DD/YYYY]	\$
City			State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name Committe	e of Contributi ee	ng				Date [MM/DD/YYYY]	\$
House #		Street Address				Date [MM/DD/YYYY]	\$
City			State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name Committe	of Contributi	ng				Date [MM/DD/YYYY]	\$
House #	S	Street Address				Date [MM/DD/YYYY]	\$
City	1		State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name Committe	e of Contributi ee	ng		<u> </u>		Date [MM/DD/YYYY]	\$
House #	S	Street Address				Date [MM/DD/YYYY]	\$
City		40	State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name Committe	of Contributi ee	ng				Date [MM/DD/YYYY]	\$
House #	S	Street Address				Date [MM/DD/YYYY]	\$
City			State	Zip Code		Date [MM/DD/YYYY]	\$

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	COMMITTEE TO ELECT JIM WINARSKI (CITY COUNCIL)

Full Na	me of Contr	ibutor	A THE PARTY		Edit North State			Date [MM/DD/YYYY]	\$
			CAROL LECO	ORCHICK				10/29/2017	100
House	#	Stre	et Address					Date [MM/DD/YYYY]	\$
	4324			SUNSET BLV)				
City	core.	303403		State	PA	Zip Code	16504	Date [MM/DD/YYYY]	\$
	ERIE				PA		10304		
Full Na	me of Contr	ibutor						Date [MM/DD/YYYY]	\$
			RANDY H N	OWAK				10/29/2017	100
House	100	Stre	et Address					Date [MM/DD/YYYY]	\$
	1210			BEAVER DR					
City				State	L	Zip Code		Date [MM/DD/YYYY]	\$
	ERIE				PA		16509		
Full Na	me of Contr	ibutor						Date [MM/DD/YYYY]	\$
			PAUL J CON	SIDINE				10/29/2017	100
House	#	Stre	et Address	5				Date [MM/DD/YYYY]	\$
	1333			TOP ROAD					
City				State		Zip Code	Ť.	Date [MM/DD/YYYY]	\$
	ERIE			#15.00m	PA		16505		
Full Na	me of Contri	ibutor		DESIGNATION OF THE PARTY OF THE	28	A COLUMN TO A STATE OF THE PARTY OF THE PART		Date [MM/DD/YYYY]	\$
			JAMES R CO	CUZZI				10/28/2017	100
House	#	Stre	et Address	ş				Date [MM/DD/YYYY]	\$
	221			CONNECTIC	JT DR				
City				State		Zip Code	E	Date [MM/DD/YYYY]	\$
	ERIE				PA		16505		
Full Na	me of Contri	ibutor	V = = = = =				A STATE OF THE STA	Date [MM/DD/YYYY]	\$
House	#	Stre	et Address	;				Date [MM/DD/YYYY]	\$
City	¥4			State		Zip Code		Date [MM/DD/YYYY]	\$
City City								•	
Full Na	me of Contr	ibutor		and the same of th				Date [MM/DD/YYYY]	\$
House	H STEEL	Stre	et Address	:				Date [MM/DD/YYYY]	\$
House		3116	Ct Haures					or conserved appropriate and the second	
City				State	1	Zip Code		Date [MM/DD/YYYY]	\$
City				State		Lip code		Sais (min) SS/ 1111	
	L			Famorità		不明是我们们的	70		

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:	COMMITTEE TO ELECT JIM WINARSKI (CITY COUNCIL)		
Full Name of		Date [MM/DD/YYYY] \$	

Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$
House #	Street Addre	255		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$
House #	House # Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$
House #	Street Addre	ess		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$
House #	Street Addre	ess		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$
House #	Street Addre	ess		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

PART D All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:	COMMITTEE TO ELECT JIM WINARSKI (CITY COUNCIL)	

Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name	9	0.570		Occupation	10.00
Employer Maili Principal Place				EMELT	
Full Name of Co				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	10
Employer Maili Principal Place				71337 11138	
Full Name of Co	and the second s			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Maili Principal Place				No. of the last of	
Full Name of Co	NAME OF TAXABLE PARTY.			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Maili Principal Place				70.14.00.00.00.00.00	

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification	COMMITTEE T	O ELECT JIM WINARSKI (CITY	COUNCIL)	
	THE PARTY PARTY NAMED IN COLUMN 2 IN COLUMN 2			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	tion			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	tion			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	tion			l l
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	tion	,	Poge Harmanica	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	tion			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	tion			

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number: COMMITTEE TO ELECT JIM WINARSKI (CITY COUNCIL)							
UNITEMIZED IN-KIND	CONTRIBUTIONS RECEIVED-VAL	JE OF \$50.00 OR LESS PER CONTRIBUTOR					
TOTAL for the reporting period	(1)	\$					
2. IN-KIND CONTRIBUTION	ONS RECEIVED-VALUE OF \$50.01	TO \$250.00 (FROM PART F)					
TOTAL for the reporting period	(2)	\$					
3. IN-KIND CONTRIBUTION	ON RECEIVED-VALUE OVER \$250	00 (FROM PART G)					
TOTAL for the reporting period	(3)	\$					
TOTAL VALUE OF IN-KIND CON	TRIBUTIONS DURING THIS REPOR	TING \$					
	t totals from boxes 1, 2, and 3; a	enteriori, protection of the control					

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	COMMITTEE TO ELECT JIM WINARSKI (CITY COUNCIL)

Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address		Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
Full Name of Contributor	•		Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	COMMITTEE TO ELECT JIM WINARSKI (CITY COUNCIL)

Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
		[10.50.00.00]		D	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	V-12
Employer Mailin Place of Busines	ng Address / Principal ss	N.		Description of Contribution	
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name	Consultation (Consultation)			Occupation	
Employer Mailir Place of Busines	ng Address / Principal ss			Description of Contribution	
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailin Place of Busines	ng Address / Principal ss			Description of Contribution	
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name		1316 No. 15		Occupation	
Employer Mailing Address / Principal Place of Business				Description of Contribution	

Statement of Expenditures

ACTOR DESCRIPTION OF THE PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS	the second of the second secon	
Filer Identification Number:	COMMITTEE TO ELECT JIM WINARSKI (CITY COUNCIL)	

To Whom Paid						Date [MM/DD/YYYY] \$				
CARL ANDERSON						10/27/2017				
House	e #	Street Address					Description of Expenditure	THE SECOND		
City		MALUNCK MANAGEMENT	State		Zip Code					
To Wi	hom Paid	PRESQUE ISLE PRINT	ING			· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$ 75			
House	e # 4318	Street Address	WEST RIDGE	ROAD			Description of Expenditure			
City	ERIE		State	PA	Zip Code	16506	SIGNS			
To W	hom Paid					The state of the state of the state of	Date [MM/DD/YYYY] \$			
		POLISH FALCONS NE	ST #610				10/30/2017			
House	e # 431	Street Address	AST 3RD ST				Description of Expenditure	10000		
City	ERIE		State	PA	Zip Code	16507	FUND RAISER			
To W	hom Paid				Manufall (State)	AND DESCRIPTION OF THE PARTY OF	Date [MM/DD/YYYY] \$			
		HOLY TRINITY-US OF	ERIE				11/05/2017			
House	e # 2220	Street Address	REED ST				Description of Expenditure	Description of Expenditure		
City	ERIE		State	PA	Zip Code	16503				
To W	hom Paid	NUNZIS					Date [MM/DD/YYYY] \$			
		14014712					11/07/2017			
House	e# 2330	Street Address	38TH ST				Description of Expenditure			
City	ERIE		State	PA	Zip Code	16510	FOOD-ELECTION NIGHT			
To W	hom Paid	DECANTIE SIGNIS					Date [MM/DD/YYYY] \$			
		DESANTIS SIGNS					11/17/2017			
House	e# 540	Street Address	W 18TH ST				Description of Expenditure	PASSES !		
City	ERIE		State	PA	Zip Code	16502	BALANCE FOR SIGNS			
To W	hom Paid	LICA MINISTERIA					Date [MM/DD/YYYY] \$ 1107.16			
		LISA WINARSKI					11/18/2017			
House	e# 1140	Street Address	E 31ST ST				Description of Expenditure	W 100 K		
City	ERIE		State	PA	Zip Code	16504	CAMPAIGN EXPENSES			
To W	hom Paid						Date [MM/DD/YYYY] \$			
House	e#	Street Address					Description of Expenditure			
City			State		Zip Code					
19511976										

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

A SECURE DESCRIPTION OF SECURE PROPERTY AND ADDRESS OF THE PARTY AND AD	
Filer Identification Number:	COMMITTEE TO ELECT JIM WINARSKI (CITY COUNCIL)

Name of Credit	or			Outstanding Balance of Debt
House #	se # Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of E	Debt			
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of D	Debt			
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of C	Debt	•	•	
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of I	Debt			
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of I	Debt			
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of I	Debt			